



APPLICATION FORM A (STRUCTURES)

Ref: _____
Date received _____
Application No _____
Application approved ___ not approved ___
Date of permit/notification _____
Permit No _____

PERMIT APPLICATION IN TERMS OF THE KZN HERITAGE ACT (SECTION 33(1)(A) FOR THE DEMOLITION, ALTERATION OR ADDITION TO A STRUCTURE WHICH IS, OR WHICH MAY REASONABLY BE EXPECTED TO BE OLDER THAN 60 YEARS

(Application form H must be used for alteration to structures permanently protected in terms of Section 37, 38, & 39 (Heritage Landmarks))

PLEASE NOTE

IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL HERITAGE ACT, 2008 TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (Detach and Consult the attached guidelines before completing this form)

THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED

ALL APPLICATION FORMS, DEVELOPMENT PROPOSALS, PHOTOGRAPHS, MOTIVATION, AND PROOF OF PAYMENT ARE TO BE DELIVERED TO: Amafa aKwaZulu-Natali, 195 LANGALIBALELE (LONGMARKET) STREET, PIETERMARITZBURG, 3201 OR POSTED TO: BOX 2685 PIETERMARITZBURG 3200. Enquiries 033-394 6543 or Fax 033-394 6552 (For proof of payment not applications)

A. DECLARATION BY OWNER

I, EBRAHIM SHEIK AMEER

(full names of owner/person authorized to sign) undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which Amafa aKwaZulu-Natali may issue the permit to me.

Signature _____

Place _____

PIETERMARITZBURG

Date _____

13-02-2014

(The owner of the property must fill in these details and those in Section E: 3 and sign this document and any plans or other documents submitted in support of this application)

B. PROPERTY DESCRIPTION:

1. Name of property: CO-OP 1938 Title Deed No. 000053027/2000

2. Erf/Lot/Farm No: _____

Street Address: 31 MAYORS WALK

Local Municipality _____

MSUNDUZI MUNICIPALITY

District Municipality _____

UMGUNGUNDLOVU

3. Current zoning _____

GENERAL BUSINESS

Present use _____

GENERAL BUSINESS

C. SIGNIFICANCE:

1. Original date of construction UNKNOWN
2. Historical Significance: UNKNOWN.

References UNKNOWN.

3. Architectural Significance: DOUBLE STOREY GABLE ROOF WITH PARAPET WALLS, PRESENTLY USED AS BUSINESS PREMISES AT GROUND STOREY AND DWELLING AT FIRST FLOOR.

References UNKNOWN.

4. Urban Setting & Adjoining Properties: ALL ADJOINING PROPERTIES ARE RESIDENTIAL, THIS PROPERTY HAS TWO STREET FRONTAGES

D. PROPOSED WORK

1. Purpose of Application (Indicate the reason by marking the relevant box)

DEMOLITION

CONDITION		HEALTH REASONS		OTHER	
-----------	--	----------------	--	-------	--

ALTERATION

CONDITION		MAINTENANCE		OTHER	
-----------	--	-------------	--	-------	--

ADDITION

EXTENSION	<input checked="" type="checkbox"/>	CHANGED USE		OTHER	
-----------	-------------------------------------	-------------	--	-------	--

2. Motivation for proposed work (Please motivate fully – on a separate sheet if necessary)

THE CURRENT OWNERS PURCHASED THE PROPERTY ON 27/10/2000, THE CURRENT OWNERS HAVE BEEN OPERATING THEIR BUSINESS GENERAL DEALER AND FRUIT AND VEGETABLES AND BOTTLE STORE FOR THE PAST 14 YEARS. THE EXISTING BUSINESS IS OPERATING AT A VERY SUCCESSFUL RATE; THUS ALLOWING A NEED FOR THE OWNERS TO EXPAND THEIR BUSINESS, AND THE SPACE BECAME A NECESSITY. THE PRESENT ZONING OF THE PROPERTY IS GENERAL BUSINESS; AND COVERAGE IS 75% THE PROPERTY HAS THE AVAILABLE SPACE TO EXPAND

1. Detail the alterations/additions/restorations proposed (Briefly outline the proposal)

THE PROPOSED ALTERATION WILL COMPRISE A DOUBLE STOREY BUILDING, BEING ADDITION TO SHOP ON GROUND FLOOR AND STORAGE AT THE FIRST FLOOR THE BUILDING WILL MATCH THE EXISTING ONE, WHICH WILL BE BUILT WITH COMMON BRICK, PLASTER AND PAINT, THE PARAPHET WALL ON THE NEW SECTION WILL MATCH THE EXISTING. THE BUILDING WILL BE IN KEEPING WITH THE EXISTING

E. CONTACT DETAILS

1. CONTRACTOR (the person who will do the work)

NAME KITESH	
POSTAL ADDRESS 29 MAYORS WALK	
CENTRAL P.M.B.	POST CODE 3201
TEL —	FAX —
CELL 083819 8392	QUALIFICATIONS NMBRC REG
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME	
POSTAL ADDRESS	
POST CODE	
TEL	FAX
CELL	SACAP REG. NO.
Author's Drawing Nos.	
SIGNATURE	DATE

3. OWNER OF PROPERTY (Owner or delegated person to sign on the front of this form)

NAME EBRAHIM SHEIK AMRER	
POSTAL ADDRESS 16 DOLPHIN AVENUE RAISETHORPE	
PIETERMARITZBURG KZN	POST CODE 3201
TEL 033 3422945 0832689727	FAX

4. DELEGATED AUTHORITY (The name of the person authorized to act on behalf of a company or institution – Power or Attorney/proof of authorization to be attached)

NAME	
TEL	FAX

F. SUBMISSION FEE: R600.00 (subject to annual increment on the 1 April)

The submission fee is payable to **Amafa aKwaZulu-Natali** by cheque or bank deposit/internet banking prior to the processing of this application.

Banking details in case of direct deposits:

ABSA BANK: Branch: ULUNDI Bank Code: 630330

Account in the name of **AMAFA AKWAZULU-NATALI**

Account No. 40-5935-6024

NB: Proof of payment to be forwarded (faxed, posted or delivered) to our office

G. PUBLIC PARTICIPATION: (Contact details of Interested and Affected Parties Consulted - written opinion to be attached to form and drawings to be signed by I & A P. See Guidelines)

Name _____
 Telephone _____ Fax _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)		
MOTIVATION	✓	
PHOTOGRAPHS	✓	
ORIGINAL DRAWINGS		
PLANS (X2 SETS) - NUMBERED AND COLOURED	✓	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)		
PROOF OF PUBLIC PARTICIPATION		
PAYMENT/PROOF OF PAYMENT	✓	